

Arizona Nutrition Network



Osborn District Teacher Time Form
August 2008

Name: _____ School: _____ Grade: _____ Number of Students: _____

Week 1	August 1 (No School)	I spent	0	hours this week preparing for or teaching nutrition.
Week 2	August 4-8	I spent	_____	hours this week preparing for or teaching nutrition.
Week 3	August 11-15	I spent	_____	hours this week preparing for or teaching nutrition.
Week 4	August 18-22	I spent	_____	hours this week preparing for or teaching nutrition.
Week 5	August 25-29	I spent	_____	hours this week preparing for or teaching nutrition.

Please circle the number of times you taught the following topic(s) in your classroom.

Times Taught											Nutrition/Physical Activity Topic
1	2	3	4	5	6	7	8	9	10	10+	Benefits of Physical Activity (I)
1	2	3	4	5	6	7	8	9	10	10+	Fat and Oils (B)
1	2	3	4	5	6	7	8	9	10	10+	Fiber-Rich Foods (C)
1	2	3	4	5	6	7	8	9	10	10+	Food Shopping/Preparation (D)
1	2	3	4	5	6	7	8	9	10	10+	Fruit and Vegetables (E)
1	2	3	4	5	6	7	8	9	10	10+	Hand Washing/Food Safety (M)
1	2	3	4	5	6	7	8	9	10	10+	Lean Meat and Beans (F)
1	2	3	4	5	6	7	8	9	10	10+	Limit Added Sugars (G)
1	2	3	4	5	6	7	8	9	10	10+	Fat Free and Low Fat Milk (A)
1	2	3	4	5	6	7	8	9	10	10+	MyPyramid- Healthy Eating Plan (H)
1	2	3	4	5	6	7	8	9	10	10+	Promote Healthy Weight (J)
1	2	3	4	5	6	7	8	9	10	10+	Sodium and Potassium (K)
1	2	3	4	5	6	7	8	9	10	10+	Whole Grains (L)

*Please indicate the range of
time spent teaching
nutrition in a single session.*

Estimated Duration

Shortest: _____ minutes

Longest: _____ minutes

Signature: _____ Date: _____

Turn Teacher Time in by September 8th and earn a Nutrition Education Tool (NET)!